

Attorney Docket No. 9045-2

As a below named inventor, I hereby declare that:

the specification of which

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled SYSTEMS,

METHODS AND COMPUTER PROGRAM PRODUCTS FOR GUIDING THE
SELECTION OF THERAPEUTIC TREATMENT REGIMENS,

is attached hereto				
OR				
was filed on	as United	States Application No. or	r PCT International	
Application Number and was amended on (if applicable).				
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.				
I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.				
I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.				
None .			☐ Yes ☐ No	
Number	Country	MM/DD/YYYY Filed	Priority Claimed	
			Yes No	
Number	Country	MM/DD/YYYY Filed	Priority Claimed	
			Yes No	
Number	Country	MM/DD/YYYY Filed	Priority Claimed	



None Application Number(s)	Filing Date (MM/DD/YYYY)
Application Number(s)	Filing Date (MM/DD/YYYY)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application (37 C.F.R. § 1.63(d)).

None Appln. Serial No.	Filing Date	Status Patented/Pending/Abandoned
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.





POWER OF ATTORNEY: As a named inventor, I hereby appoint the following registered attorney(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

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Signature:

Date

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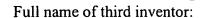
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Full name of fourth inventor:

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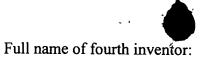
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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney's Docket No. 9045-2

Applicant or Patentee: David W. Barry et al. Serial No. or Patent No.: To be assigned Filed or Issued: Concurrently herewith

I hereby declare that I am

Title: SYSTEMS, METHODS AND COMPUTER PROGRAM PRODUCTS FOR GUIDING THE SELECTION OF THERAPEUTIC TREATMENT REGIMENS

VERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS (37 C.F.R. § 1.9(f) & 1.27(c))--SMALL BUSINESS CONCERN

the owner of the small business co an official of the small business co on behalf of the concern identified	ncern empowered to act
DAALL DIJONIEGO CONCEDNI	T.:1. D1

ADDRESS OF SMALL BUSINESS CONCERN: 4

Triangle Pharmaceuticals, Inc. 4 University Place

4611 University Drive

Durham, North Carolina 27707

I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 13 C.F.R. § 121.1301-1305, and reproduced in 37 C.F.R. § 1.9(d), for purposes of paying reduced fees to the United States Patent and Trademark Office, under Section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time, or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention described in:

$\boxtimes$	the specification filed herewith with title as listed above.
	the application identified above.
	the patent identified above.

If the rights held by the above-identified small business concern are not exclusive, each individual, concern, or organization having rights in the invention must file separate verified statements averring to their status as small entities, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent

inventor under 37 C.F.R. 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 C.F.R. § 1.9(d), or a nonprofit organization under 37 C.F.R. § 1.9(e).

Each p below:	person, concern, or organization having any rights in the invention is listed
	no such person, concern, or organization exists. each such person, concern, or organization is listed below.
Name:	<del></del>
Address:	☐ Individual ☐ Small Business ☐ Nonprofit Organization
Name:	
Address:	☐ Individual ☐ Small Business ☐ Nonprofit Organization
•	ate verified statements are required from each named person, concern, or naving rights to the invention averring to their status as small entities. (37 C.F.R
status resultin paying, the ea	e the duty to file, in this application or patent, notification of any change in g in loss of entitlement to small entity status prior to paying, or at the time of rliest of the issue fee or any maintenance fee due after the date on which status ity is no longer appropriate. (37 C.F.R. § 1.28(b))
statements ma statements we are punishable States Code, a	are that all statements made herein of my own knowledge are true and that all ade on information and belief are believed to be true; and further that these are made with the knowledge that willful false statements and the like so made by fine or imprisonment, or both, under Section 1001 of Title 18 of the United and that such willful false statements may jeopardize the validity of the my patent issuing thereon, or any patent to which this verified statement is
NAME OF PI	ERSON SIGNING: <u>David W. Barry, M.D.</u>
TITLE OF PE	RSON OTHER THAN OWNER: Chairman and Chief Executive Officer
ADDRESS OF	PERSON SIGNING: 1810 South Lakeshore Drive, Chapel Hill, North Carolina 27514
SIGNATURE	DATE: April 1, 1999